

## LYMM COUNSELLING LTD - REMOTE COUNSELLING CONTRACT

This contract states our responsibilities for the time we engage together in counselling. It is a mutually agreed contract between:

Counsellor: Cherry Baguneid.....

and

Name: .....

Address: .....

.....

.....

.....

Email Address: .....

If you are currently taking medications in relation to your psychological health please can you write down the name and dose .....

.....

### The aim of our work

This contract is to help you understand the counselling process, its limitations and its boundaries. The aim of counselling is to provide an opportunity for you to work towards living in a way that is more satisfying and resourceful. I will provide a confidential, non-judgemental safe space for you to explore your thoughts and feelings, with the aim of assisting your learning, healing, understanding and growth. It is a process in which we work together. I will not tell you what to do but will instead help you to discover your solutions and/or a way forward.

### Confidentiality and Data Protection

Our work together is confidential. It will only be breached in specific circumstances, namely, if there is evidence of harm to self or others, and in compliance with the law (Terrorism Act 2000, Drug Trafficking Act 1994, Proceeds of Crime Act 2002, Money Laundering Regulations Act 2007, and a specific Court Order). In addition, I have monthly supervision with a qualified supervisor which provides me with assistance and guidance. In these sessions, client work may be discussed but no individual names will be mentioned.

I will keep brief notes of our sessions within which no individual names will be mentioned. In line with GDPR requirements, all hard copy personal data will be stored in a locked filing cabinet, and all electronic data will be password protected. All personal data will be stored for three years after the end of the counselling relationship, after which time they will be disposed of securely. Hard copy data will be shredded and electronic data will be deleted from all devices. You can access information about my GDPR policy on my website <http://www.lymmcounselling.org.uk>

I will not record any sessions without your full consent, and I will ask that you do not record the sessions in line without dual responsibility to work in a confidential and safe manner.

I have asked a trusted colleague and qualified counsellor Dawn Blake to contact you in the event that I am incapacitated by a serious, sudden illness, accident or death.

### **Our sessions**

Each session lasts for 50 minutes, and it will take place at a mutually agreed time. Whilst our counselling is open-ended, periodic reviews of our work together may occur at mutually agreed times. The cost of our sessions is £40 per 50 minutes session.

### **Ethical Standards**

I am a member of the British Association of Counselling and Psychotherapy (BACP) and I work to their ethical standards. A copy of these standards can be found on the BACP website at [www.bacp.co.uk](http://www.bacp.co.uk). I am also fully insured and I am registered with the Information Commissioner's Office (registration no. A8796856).

**GP / Next of kin or friend contact details:**

Please can you provide details of your GP, your next of kin or friend. These will only be contacted if I have concerns about your safety or harm to others.

Name of GP: .....

Address: .....

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Next of kin: .....

Relationship: .....

Address: .....

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Phone number: .....

Please CIRCLE to confirm what formats you agree for Lymm Counselling Ltd to contact you:

Text

Telephone call

Email

Zoom

***Your privacy and confidentiality are important and I will never use your information for any purpose other than those to which you have explicitly consented in this contract. You may withdraw your consent at any time by getting in contact with me via 07871925649 or [admin@lymmcounselling.org.uk](mailto:admin@lymmcounselling.org.uk)***

I have read and understood and agree with the terms and conditions of this contact, I have access to the GDPR information and I have received the accompanying remote working policy.

Signature of Client: .....

Date: .....

Signature of Counsellor: .....

Date: .....

